



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **Megahed, et al.**

Application Serial No.: **09/930,747**

Filed: **August 14, 2001**

Title: **Structure And Method For  
Fabrication Of A Leadless Chip  
Carrier With Embedded Inductor**

Group Art Unit: **2827**

Examiner: **Cruz, L.**

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J. mcminn  
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**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

This Amendment and Response is submitted in response to the Office Action, dated September 26, 2002, in the above-referenced patent application. Please enter and consider the following amendments and remarks.



6P/2827

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Megahed, et al.SERIAL NO.: 09/930,747 FILED: August 14, 2001FOR: Structure And Method For Fabrication Of A Leadless Chip Carrier With Embedded InductorHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231RECEIVED  
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Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.  
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	400.00	200.00	\$
THIRD MONTH AFTER TIME PERIOD SET	920.00	460.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,440.00	720.00	\$

TOTAL EXTENSION FEE \$ \_\_\_\_\_  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **35	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***4	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.



Attorney Docket No.: 00CON159PC-CIP3

Fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_

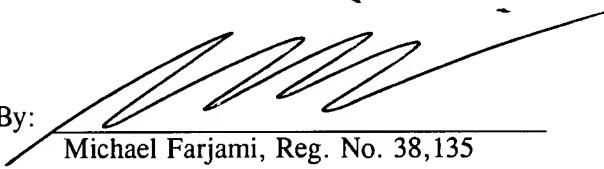
Enclosed is the total fee of \$ \_\_\_\_\_.

Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/24/02

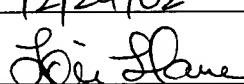
By:

  
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

12/24/02

  
Signature

Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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